Notice of Exempt
Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

1.45*7568* OMB APPROVAL

OMB Number: 3235-0076

Expires: February 28, 2009

Estimated average burden hours per response: 4.00

Item 1. Issuer's Identity	nents or omissions of fact cor	isitate reactal cililinativi	oldford. See to S.S.C. 1001.
Name of Issuer	Previous Name(s)	None	Entity Type (Select one)
Loyalty Lane, Inc.	Trevious (value(s)		
Jurisdiction of Incorporation/Organizati	ion		Limited Partnership
Georgia			Limited Liability Company General Partnership
Year of Incorporation/Organization (Select one) Over Five Years Ago Within Last Fi (specify y	rear)	Yet to Be Formed	Business Trust Other (Specify) attaching Items 1 and 2 Continuation Page(s).)
Item 2. Principal Place of Busine	_	•	DDOCESSED.
Street Address 1		Street Address 2	· FROCESSED
991 Soaring Drive			MAR 0 5 2009
City	State/Province/Country	ZIP/Postal Code	
Marietta	GA	30062	ETHOMSON REUTERS
Item 3. Related Persons			
Last Name	First Name		Middle Name
McCutcheon	Lane		
Street Address 1		Street Address 2	
PO Box 130			
City	State/Province/Country	ZIP/Postal Code	
Fayette	МО	65248)
Relationship(s): Executive Officer	Director Promote	r	09003465
Clarification of Response (if Necessary)			
· .			
	entify additional related perso c t one)	ons by checking this box [and attaching Item 3 Continuation Page(s).)
	Busine	ss Services	Construction
Banking and Financial Service	~ ~:		REITS & Finance
Commercial Banking	<u> </u>	ectric Utilities	Residential SEC Mail Presecuing
Insurance	Ų.	ergy Conservation al Mining	Other Real Estate Section
Investing Investment Banking		vironmental Services	Retailing FEB 2 4 2009
Pooled Investment Fund	Q	l & Gas	O Restaurants
If selecting this industry group, also s	×	her Energy	Technology vvacanington, DC
type below and answer the question	below: Health	Care	Computers 1949
Hedge Fund	×	technology	Other Technology
Private Equity Fund Venture Capital Fund	×	alth Insurance	Travel
Other investment Fund	\sim	spitals & Physcians irmaceuticals	Airlines & Airports
Is the issuer registered as an in-	vestment Oth	ner Health Care	Lodging & Conventions
company under the Investmen Act of 1940? Yes 1	t Company	acturing	Tourism & Travel Services
Other Banking & Financial Services	5 .15	=	Other Travel
Other building at marking services		mmercia)	Other

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Item 5. Issuer Size (Select one)	Washington, DC	20549
Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)		Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in
0 4 0	OR	Item 4 above)
No Revenues		O No Aggregate Net Asset Value
\$1 - \$1,000,000\$1 - \$1,000,000		\$1 - \$5,000,000
\$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000		\$50,000,001 - \$100,000,000
Over \$100,000,000		Over \$100,000,000
O Decline to Disclose		Decline to Disclose
O Not Applicable		O Not Applicable
Item 6. Federal Exemptions and Exclusions Cl	aimed (Se	elect all that apply)
· · · · · · · · · · · · · · · · · · ·	Investment Con	npany Act Section 3(c)
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3	c)(1) Section 3(c)(9)
Rule 504(b)(1)(i)	Section 3(c)(2) Section 3(c)(10)
Rule 504(b)(1)(ii)	Section 3(c)(3) Section 3(c)(11)
Rule 504(b)(1)(iii)	Section 3	(c)(4) Section 3(c)(12)
☐ Rule 505	Section 3	(c)(5) Section 3(c)(13)
Rule 506	Section 3	(c)(6) Section 3(c)(14)
Securities Act Section 4(6)	Section 3	
Item 7. Type of Filing		
New Notice OR	nt	
Date of First Sale in this Offering: 5/9/2006	ı <u>—</u>	First Sale Yet to Occur
Date of Flist Sale in this Offering.	OR L	First Sale 1et to Occur
Item 8. Duration of Offering		
Does the issuer intend this offering to last more than	n one year?	✓ Yes ✓ No
Item 9. Type(s) of Securities Offered (Select	all that app	ily)
	Pooled	Investment Fund Interests
Debt	Tenan	t-in-Common Securities
Option Margant or Other Bight to Acquire	Minera	al Property Securities
Option, Warrant or Other Right to Acquire Another Security	Other	(Describe)
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security		
Item 10. Business Combination Transaction		
Is this offering being made in connection with a busing transaction, such as a merger, acquisition or exchange officers.		on Yes X No
Clarification of Response (if Necessary)		
,		
1		

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item 11. Williamum investment				
Minimum investment accepted from an	y outside investor	\$ 500.00		
Item 12. Sales Compensation				
Recipient		Recipient CRD Number		
				☐ No CRD Number
(Associated) Broker or Dealer	None	(Associated) Broker or De	aler CRD Nu	ımber
				☐ No CRD Number
Street Address 1		Street Address 2		
City	State/Provin	ce/Country ZIP/Postal Co	de	
			j	
States of Solicitation All States			× XIII × ×	X GC THE TIDE
☐ IL ☐ IN ☐ IA ☒ KS	CAN CO	GTDEDG ¬ME	X MI	MN MS MO
A MILE NEW NAVAL NA	MINIX NAMES	Mar ng Ind		
RI SC SD TN	X TX ☐ UT []^1	_	☐ WI ☐ WY ☐ PR
		ation by checking this box] and attach	ning Item 12 Continuation Page(s)
Item 13. Offering and Sales Am	ounts			
(a) Total Offering Amount	\$ 600,000.00		OR	Indefinite
(b) Total Amount Sold	\$ 534,875.00]	
(c) Total Remaining to be Sold (Subtract (a) from (b))	\$ 65,125		OR	☐ Indefinite
Clarification of Response (if Necessary)				
				,
Item 14. Investors				
Check this box X if securities in the offenumber of such non-accredited investors			qualify as ac	credited investors, and enter the
Enter the total number of investors who	already have invested in	the offering: 27		
Item 15. Sales Commissions an	d Finders' Fees E	xpenses		
Provide separately the amounts of sales of check the box next to the amount.	commissions and finders	fees expenses, if any. If an a	mount is no	ot known, provide an estimate and
		Sales Commissions \$		Estimate
Clarification of Response (if Necessary)		Finders' Fees \$		Estimate

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directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.	
Clarification of Response (if Necessary)	

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and submitting this notice.

Terms of Submission. In Submitting this notice, each identified issuer is:

Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in accordance with applicable law, the information furnished to offerees.*

Irrevocably appointing each of the Secretary of the SEC and the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on <u>Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii)</u>.

This undertaking does not affect any limits Section 102(a) of the N	lational Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290,
· · · · · · · · · · · · · · · · · · ·	quire information. As a result, if the securities that are the subject of this Form D are
"covered securities" for purposes of NSMIA, whether in all instances	s or due to the nature of the offering that is the subject of this Form D, States cannot
routinely require offering materials under this undertaking or other	rwise and can require offering materials only to the extent NSMIA permits them to do
so under NSMIA's preservation of their anti-fraud authority.	
/ \	
/	
Each identified issuer has read this notice, knows the conten	its to be true, and has duly caused this notice to be signed on its behalf by th
undersigned duly authorized person. (Check this box 🔲 a	nd attach Signature Continuation Pages for signatures of issuers identified
in Item 1/above but not represented by signer below.)	
1 / \\/\	
Issuer(s) / \\	Name of Signer
Loyalty Lang, Inc.	William Gray
Signature / / / /	Title
	THE
	Vice-President and Chairman of the Board
	Date
Number of continuation pages attached: 2	Feb 20, 2009

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name		Middle Name
Thomas	Mark		
Street Address 1		Street Address 2	
1110 Rustic Drive			
City	State/Province/Country	ZIP/Postal Code	
Macon	мо	63552	
Relationship(s): Executive Officer	Director Promoter		
Clarification of Response (if Necessary)			
Last Name	First Name		Middle Name
Gray	William		
Street Address 1		Street Address 2	
991 Soaring Drive			
	State/Province/Country	ZIP/Postal Code	
Marietta	GA	30062	
Relationship(s): X Executive Officer	Director Promoter		
Clarification of Response (if Necessary)	_		
Last Name			
Last Name Acori	First Name Joe		Middle Name
		Street Address 2	
Street Address 1 43270 Pendelton Circle		Street Address 2	
	State/Province/Country	ZIP/Postal Code	
	state/Province/Country		
ISterling Heights	MI		
[MI	48313	•
Relationship(s): Executive Officer			
[
Relationship(s): Executive Officer			
Relationship(s): Executive Officer			Middle Name
Relationship(s): Executive Officer Clarification of Response (if Necessary)	Director Promoter		Middle Name
Relationship(s): Executive Officer Clarification of Response (if Necessary) Last Name	Director Promoter		Middle Name
Relationship(s): Executive Officer Clarification of Response (if Necessary) Last Name Ridgley	Director Promoter	48313	Middle Name
Relationship(s): Executive Officer Clarification of Response (if Necessary) Last Name Ridgley Street Address 1 PO Box 1414	Director Promoter	48313	Middle Name
Relationship(s): Executive Officer Clarification of Response (if Necessary) Last Name Ridgley Street Address 1 PO Box 1414 City	Director Promoter First Name David	Street Address 2	Middle Name
Relationship(s): Executive Officer Clarification of Response (if Necessary) Last Name Ridgley Street Address 1 PO Box 1414 City	First Name David State/Province/Country	Street Address 2 ZIP/Postal Code	Middle Name
Relationship(s): Executive Officer Clarification of Response (if Necessary) Last Name Ridgley Street Address 1 PO Box 1414 City Street Address 1 City Street Address 1	First Name David State/Province/Country	Street Address 2 ZIP/Postal Code	Middle Name

City

Relationship(s):

Clarification of Response (if Necessary)

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Item 3 Continuation Page

Item 3. Related Persons (Continued) Last Name First Name Middle Name Baker Don Street Address 1 Street Address 2 8106 Shelby 474 State/Province/Country ZIP/Postal Code City Shelbina 63468 Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary) Last Name Middle Name First Name Street Address 2 Street Address 1 City State/Province/Country ZIP/Postal Code Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary) Last Name Middle Name First Name Street Address 2 Street Address 1 State/Province/Country City ZIP/Postal Code Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary) Last Name Middle Name First Name Street Address 2 Street Address 1

ZIP/Postal Code

State/Province/Country

☐ Executive Officer ☐ Director ☐ Promoter

(Copy and use additional copies of this page as necessary.)

Form D 9